

Virginia Division of Forensic Science
BLOOD SAMPLE OR BUCCAL SWABS AND HAIR SAMPLES KIT INVENTORY

Date/Opened By: _____

FS Lab# _____

Name on PERK: _____

Container#: _____ Item#: _____ Submission #: _____

Type of Seal: _____

(One small orange envelope, unless otherwise specified)

SWAB ENVELOPES:

OPENED?

**IF OPENED
#SWABS**

Control Y _____ N _____

Y _____ N _____

Buccal Y _____ N _____

Y _____ N _____

LIQUID SAMPLE:

Blood Sample Y _____ N _____

Stain Card Prep Date: _____

Blood Tube Type: _____ # _____

OTHER:

OPENED?

COMMENTS

Head Hair Standard Y _____ N _____

Y _____ N _____

Pubic Hair Standard Y _____ N _____

Y _____ N _____

Other Y _____ N _____

Y _____ N _____

Other Y _____ N _____

Y _____ N _____

COMMENTS: _____

INVENTORY VERIFIED UPON RE-OPENING (date/initials): _____